

Completion of this form is voluntary. A copy of this questionnaire is available at <http://www.dhfs.state.wi.us/forms/DDESTNum.htm>

Facility Name	Survey Date
Facility Address	Date Questionnaire Completed
BQA Region <input type="checkbox"/> Southern <input type="checkbox"/> Southeast <input type="checkbox"/> Northern <input type="checkbox"/> Northeast <input type="checkbox"/> Western	Provider Type

Use the following scale and check the number that applies.

5 = Strongly Agree      4 = Agree      3 = Neutral      2 = Disagree      1 = Strongly Disagree      NA = Not Applicable

[illegible]

	5	4	3	2	1	NA	Comment if 1 or 2 is checked.
13. Surveyor(s) interacted respectfully with facility staff and clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## SECTION B. POST-SURVEY STATEMENT OF DEFICIENCY

1. Deficiencies clearly explained the basis for findings of noncompliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Deficiencies identified who, what, when, where and how, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Deficiencies included specific actions, errors or lack of actions to explain findings of noncompliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Deficiencies were documented by accurate information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Deficiencies clearly and concisely explained noncompliance with rules / regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Documentation in deficiencies helped provider / supplier develop a plan of correction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Changes in policies and/or procedures were made as a result of survey findings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## SECTION C. SURVEY TASKS EVALUATION

Were the following survey tasks carried out in accordance with the Survey Guide? Check Yes, No or NA for each task.

SURVEY TASK	Yes	No	NA	COMMENT
A. Entrance conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Sample selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. Technical Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. Observation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. Home visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F. Orientation tour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G. Assessment of applicable regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H. Environmental quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SURVEY TASK	Yes	No	NA	COMMENT
I. Life Safety Codes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
J. Clinical record reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
K. Staff interviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
L. Patient/client/resident interviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
M. Exit conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional comments or information about the onsite survey process

Recommend one change that would improve the survey experience

Type of on-site survey conducted (please identify all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Medicare / Medicaid Certification | <input type="checkbox"/> Health                  |
| <input type="checkbox"/> State Licensure / Certification   | <input type="checkbox"/> Complaint Investigation |
| <input type="checkbox"/> LSC / Physical Environment        | <input type="checkbox"/> Other                   |